

By: Senator(s) Dearing

To: Public Health and Welfare

SENATE BILL NO. 2079

1 AN ACT ENTITLED THE "HOSPITAL INFECTIONS DISCLOSURE ACT OF  
 2 2007"; TO PROVIDE DEFINITIONS; TO EMPOWER AND DIRECT THE STATE  
 3 DEPARTMENT OF HEALTH TO REQUIRE ACUTE CARE HOSPITALS AND  
 4 AMBULATORY SURGICAL FACILITIES TO COLLECT AND PROVIDE STATISTICAL  
 5 QUARTERLY REPORTS ON HOSPITAL-ACQUIRED INFECTION RATES FOR  
 6 SPECIFIC CLINICAL PROCEDURES; TO PROVIDE FOR THE APPOINTMENT OF AN  
 7 ADVISORY COMMITTEE TO ASSIST THE DEPARTMENT IN DEVELOPING A  
 8 METHODOLOGY FOR SAID REPORTS; TO PROVIDE FOR CONFIDENTIALITY; TO  
 9 PROVIDE CIVIL PENALTIES FOR NONCOMPLIANCE WITH SAID REPORTING  
 10 REQUIREMENTS; TO AMEND SECTIONS 41-9-15, 41-75-11 AND 41-9-63,  
 11 MISSISSIPPI CODE OF 1972, IN CONFORMITY THERETO; AND FOR RELATED  
 12 PURPOSES.

13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

14 **SECTION 1.** This act shall be known and may be cited as the  
 15 "Hospital Infections Disclosure Act of 2007."

16 **SECTION 2.** For purposes of this act:

17 (a) "Department" means the Mississippi Department of  
 18 Health.

19 (b) "Hospital" means an acute care health care facility  
 20 licensed under the provisions of Sections 41-9-1 through 41-9-35,  
 21 Mississippi Code of 1972, and a hospital-affiliated or  
 22 freestanding outpatient ambulatory surgical facility licensed  
 23 under the provisions of Section 41-75-1 et seq.

24 (c) "Hospital-acquired infection" means a localized or  
 25 systemic condition (i) that results from adverse reaction to the  
 26 presence of an infectious agent(s) or its toxin(s), and (ii) that  
 27 was not present or incubating at the time of admission to the  
 28 hospital.

29 **SECTION 3.** (1) Individual hospitals shall collect data on  
 30 hospital-acquired infection rates for the specific clinical  
 31 procedures determined by the department by regulation, including  
 32 the following categories:

33           (a) Surgical site infections;  
34           (b) Ventilator-associated pneumonia;  
35           (c) Central line-related bloodstream infections;  
36           (d) Urinary tract infections; and  
37           (e) Other categories as provided under subsection (4)  
38 of this section.

39           (2) (a) Hospitals shall submit quarterly reports on their  
40 hospital-acquired infection rates to the department. Quarterly  
41 reports shall be submitted, in a format set forth in regulations  
42 adopted by the department, to the department by April 30, July 31,  
43 October 31 and January 31 each year for the previous quarter.  
44 Data in quarterly reports must cover a period ending not earlier  
45 than one (1) month prior to submission to the report.

46           (b) If the hospital is a division or subsidiary of  
47 another entity that owns or operates other hospitals or related  
48 organizations, the quarterly report shall be for the specific  
49 division or subsidiary and not for the parent hospital.

50           (3) (a) The executive director of the department shall  
51 appoint an advisory committee, including representatives of public  
52 and private hospitals (including from hospital infection control  
53 departments), direct care nursing staff, physicians,  
54 epidemiologists with expertise in hospital-acquired infections,  
55 academic researchers, consumer organizations, health insurers,  
56 health maintenance organizations, organized labor, and purchasers  
57 of health insurance, such as employers. The advisory committee  
58 shall have a majority of members representing interests other than  
59 hospitals.

60           (b) The advisory committee shall assist the department  
61 in the development of all aspects of the department's methodology  
62 for collecting, analyzing and disclosing the information collected  
63 under this act, including collection methods, formatting, and  
64 methods and means for release and dissemination. In developing  
65 the methodology for collecting and analyzing the infection rate

66 data, the department and advisory committee shall consider  
67 existing methodologies and systems for data collection, such as  
68 the Centers for Disease Control's National Nosocomial Infection  
69 Surveillance Program, or its successor, however, the department's  
70 discretion to adopt a methodology shall not be limited or  
71 restricted to any existing methodology or system. The data  
72 collection and analysis methodology shall be disclosed to the  
73 public prior to any public disclosure of hospital-acquired  
74 infection rates.

75 (4) The department and the advisory committee shall  
76 evaluate, on a regular basis, the quality and accuracy of hospital  
77 information reported under this act and the data collection,  
78 analysis and dissemination methodologies. The department may,  
79 after consultation with the advisory committee, require hospitals  
80 to collect data on hospital-acquired infection rates in categories  
81 additional to those set forth in subsection (1).

82 **SECTION 4.** (1) The department shall annually submit to the  
83 Legislature a report summarizing the hospital quarterly reports  
84 and shall publish the annual report on its Web site. The first  
85 annual report shall be submitted and published in 2008. The  
86 department may issue quarterly informational bulletins at its  
87 discretion, summarizing all or part of the information submitted  
88 in the hospital quarterly reports.

89 (2) All reports issued by the department shall be risk  
90 adjusted.

91 (3) The annual report shall compare the risk-adjusted  
92 hospital-acquired infection rates, collected under Section 3 of  
93 this act, for each individual hospital in the state. The  
94 department, in consultation with the advisory committee, shall  
95 make this comparison as easy to comprehend as possible. The  
96 report shall also include an executive summary, written in plain  
97 language, that shall include, but not be limited to, a discussion  
98 of findings, conclusions and trends concerning the overall state

99 of hospital-acquired infections in the state, including a  
100 comparison to prior years. The report may include policy  
101 recommendations, as appropriate.

102 (4) The department shall publicize the report and its  
103 availability as widely as practical to interested parties,  
104 including, but not limited to, hospitals, providers, media  
105 organizations, health insurers, health maintenance organizations,  
106 purchasers of health insurance, organized labor, consumer or  
107 patient advocacy groups, and individual consumers. The annual  
108 report shall be made available to any person upon request.

109 (5) No hospital report or department disclosure may contain  
110 information identifying a patient, employee or licensed health  
111 care professional in connection with a specific infection  
112 incident.

113 **SECTION 5.** It is the expressed intent of the Legislature  
114 that a patient's right of confidentiality shall not be violated in  
115 any manner. Patient social security numbers and any other  
116 information that could be used to identify an individual patient  
117 shall not be released notwithstanding any other provision of law.

118 **SECTION 6.** A determination that a hospital has violated the  
119 provisions of this act may result in any of the following:

120 (a) Termination of licensure or other sanctions  
121 relating to licensure.

122 (b) A civil penalty of up to One Thousand Dollars  
123 (\$1,000.00) per day per violation for each day the hospital is in  
124 violation of the act.

125 **SECTION 7.** The department shall be responsible for ensuring  
126 compliance with this act as a condition of licensure and shall  
127 enforce such compliance according to the provisions of Sections  
128 41-9-1 through 41-9-35 and Section 41-75-1 et seq.

129 **SECTION 8.** Section 41-9-15, Mississippi Code of 1972, is  
130 amended as follows:

131           41-9-15. The licensing agency, after notice and opportunity  
132 for hearing to the applicant or licensee, is authorized to deny,  
133 suspend or revoke a license in any case in which it finds that  
134 there has been a substantial failure to comply with the  
135 requirements established under Sections 41-9-1 through 41-9-35,  
136 which shall specifically include the provisions of the Hospital  
137 Infections Disclosure Act of 2007, being Sections 1 through 7 of  
138 Senate Bill No. 2079, 2007 Regular Session.

139           Such notice shall be effected by registered mail, or by  
140 personal service, setting forth the particular reasons for the  
141 proposed action and a fixing date not less than thirty (30) days  
142 from the date of such mailing or service, at which the applicant  
143 or licensee shall be given an opportunity for a prompt and fair  
144 hearing. On the basis of any such hearing, or upon default of the  
145 applicant or licensee, the licensing agency shall make a  
146 determination specifying its findings of fact and conclusions of  
147 law. A copy of such determination shall be sent by registered  
148 mail or served personally upon the applicant or licensee. The  
149 decision revoking, suspending or denying the license or  
150 application shall become final thirty (30) days after it is so  
151 mailed or served, unless the applicant or licensee, within such  
152 thirty-day period, appeals the decision, pursuant to Section  
153 41-9-31.

154           The procedure governing hearings authorized by this section  
155 shall be in accordance with rules promulgated by the licensing  
156 agency. A full and complete record shall be kept of all  
157 proceedings, and all testimony shall be reported but need not be  
158 transcribed unless the decision is appealed pursuant to Section  
159 41-9-31. Witnesses may be subpoenaed by either party.  
160 Compensation shall be allowed to witnesses as in cases in the  
161 chancery court. Each party shall pay the expense of his own  
162 witnesses. The cost of the record shall be paid by the licensing

163 agency. Any other party desiring a copy of the transcript shall  
164 pay therefor the reasonable cost of preparing the same.

165 **SECTION 9.** Section 41-75-11, Mississippi Code of 1972, is  
166 amended as follows:

167 41-75-11. The licensing agency after notice and opportunity  
168 for a hearing to the applicant or licensee is authorized to deny,  
169 suspend or revoke a license in any case in which it finds that  
170 there has been a substantial failure to comply with the  
171 requirements established under this chapter, specifically  
172 including the provisions of the Hospital Infections Disclosure Act  
173 of 2007, Sections 1 through 7 of Senate Bill No. 2079, 2007  
174 Regular Session. Such notice shall be effected by registered  
175 mail, or by personal service setting forth the particular reasons  
176 for the proposed action and fixing a date not less than thirty  
177 (30) days from the date of such mailing or such service, at which  
178 time the applicant or licensee shall be given an opportunity for a  
179 prompt and fair hearing. On the basis of any such hearing, or  
180 upon default of the applicant or licensee, the licensing agency  
181 shall make a determination specifying its findings of fact and  
182 conclusions of law. A copy of such determination shall be sent by  
183 registered mail or served personally upon the applicant or  
184 licensee. The decision revoking, suspending or denying the  
185 license or application shall become final thirty (30) days after  
186 it is so mailed or served, unless the applicant or licensee,  
187 within such thirty-day period, appeals the decision to the  
188 chancery court in the county in which such facility is located in  
189 the manner prescribed in Section 43-11-23, Mississippi Code of  
190 1972. The procedure governing hearings authorized by this section  
191 shall be in accordance with rules promulgated by the licensing  
192 agency. A full and complete record shall be kept of all  
193 proceedings, and all testimony shall be recorded but need not be  
194 transcribed unless the decision is appealed pursuant to Section  
195 43-11-23, Mississippi Code of 1972. Witnesses may be subpoenaed

196 by either party. Compensation shall be allowed to witnesses as in  
197 cases in the chancery court. Each party shall pay the expense of  
198 his own witnesses. The cost of the record shall be paid by the  
199 licensing agency provided any other party desiring a copy of the  
200 transcript shall pay therefor the reasonable cost of preparing the  
201 same.

202         **SECTION 10.** Section 41-9-63, Mississippi Code of 1972, is  
203 amended as follows:

204         41-9-63. All hospitals, their officers or employees and  
205 medical and nursing personnel practicing therein, shall with  
206 reasonable promptness prepare, make and maintain true and accurate  
207 hospital records complying with such methods and minimum standards  
208 as may be prescribed from time to time by rules and regulations  
209 adopted by the licensing agency, which shall specifically include  
210 the requirements of the Hospital Infections Disclosure Act of  
211 2007, Sections 1 through 7 of Senate Bill No. 2079, 2007 Regular  
212 Session.

213         **SECTION 11.** This act shall take effect and be in force from  
214 and after July 1, 2007.